

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/517212** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	2						55						
6	(T)						56						
7							57						
8	(1)						58						
9	(T)						59						
10	(C)						60						
11	(C)						61						
12	(C)						62						
13	(C)						63						
14	(C)						64						
15	(C)						65						
16	(C)						66						
17	(V)						67						
18	(V)						68						
19	(V)						69						
20							70						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	19	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	20						TOTAL CLAIMS						